Case 25-11685-SDM Doc 36 Filed 09/03/25 Entered 09/03/25 14:18:00 Desc Main Document Page 1 of 7

Fill in this information to identify your case:						
Debtor 1	Phillip Bret Camp	bell				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF MISSISSIPPI			
Case number	25-11685					
(if known)						

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	265,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	211,950.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	476,950.00
^o ar	t 2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	441,935.76
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	92,463.59
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	610,103.3
	Your total liabilities	\$	1,144,502.72
Par	t 3: Summarize Your Income and Expenses		
l .	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	18,000.73
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	15,751.4
Par	t 4: Answer These Questions for Administrative and Statistical Records		
ò .	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	ı persona	al, family, or

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Phillip Bret Campbell Case number (if known) 25-11685

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14.

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	92,463.59
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	16,096.53
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	108,560.12

Fill in this information	to identify your case:	
Debtor 1	Phillip Bret Campbell	
Debtor 2 (Spouse, if filing)		
United States Bankru	ptcy Court for the: NORTHERN DISTRICT OF MISSISSIPPI	
	5-11685	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	n 106l	MM / DD/ YYYY
Sahadula I:	Vour Incomo	WIWI / DD/ 1111

Scheaule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	General Manager	Marketing
	Include part-time, seasonal, or self-employed work.	Employer's name	Kirk Auto	Home Health Care Services II Inc
	Occupation may include student or homemaker, if it applies.	Employer's address	616 Davis Ave Cleveland, MS 38732	805 N Whittington Parkway Louisville, KY 40222
		How long employed the	nere? 2 Years	1 Year

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 14,153.85 5,892.20 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 14,153.85 5,892.20

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Phillip Bret Campbell	_	Case	number (if known)	25-11685		
				For	Debtor 1	For Debto	r 2 or	
				1 01	Debtor 1	non-filing		
	Cop	by line 4 here	4.	\$	14,153.85	\$ 5	,892.20	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	3,113.85	\$	824.91	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	29.29	\$	590.79	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: Aflac	5h.+	\$	174.98	+ \$	0.00	
		Am Fid		\$_	4.81	\$	0.00	
		UNUM		\$	348.75	\$	0.00	
		STD		\$	27.30	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	3,698.98	\$1	,415.70	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	10,454.87	\$4	,476.50	
8.	List 8a.	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	Φ.				
	O.L	monthly net income.	8a.	\$_	0.00	\$	0.00	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b. t 8c.	\$_ \$	0.00	\$ \$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify: VA Disability	8h.+		_,	+ \$	0.00	
		Travel Reimbursement		\$_	0.00	\$	722.22	
		Real Estate Trust		\$	6.25	\$	0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,347.14	\$	722.22	2
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	2,802.01 + \$	5,198.72	= \$ _1	18,000.73
11.	Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depend			ed in <i>Schedu</i>	le J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certailies					\$1	18,000.73
13.	Do	you expect an increase or decrease within the year after you file this form No.	1?					iea / income
		Yes. Explain:						
	ш	. 00. =/plain.						

Fill	in this information	to identify yo	ur case:					
Deb	tor 1 Ph	illip Bret C	Campbell	l			k if this is: An amended filing	
	tor 2							ving postpetition chapter the following date:
``						_		
Unit	ed States Bankruptcy	Court for the:	NORTH	IERN DISTRICT OF MIS	SSISSIPPI		MM / DD / YYYY	
	e number 25-11	685						
	fficial Form		Evnor	neae				40/46
Be info	as complete and	accurate as space is ne	possible eded, atta	. If two married people ich another sheet to thi				
Par		Your House	hold					
1.	Is this a joint ca ■ No. Go to line □ Yes. Does Does □ No □ Yes □	2. ebtor 2 live i	•	ate household? al Form 106J-2, <i>Expens</i> :	es for Separate House	ehold of Deht	or 2	
2.	Do you have de			arr 6111 1000 2, 2xp6716	oo ioi coparato riodot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O. L.	
۷.	Do not list Debto Debtor 2.		□ No ■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the dependents nam	es.			Daughter		6	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	Do your expens expenses of per yourself and	ople other the ur depender	nts? □	No Yes ly Expenses				☐ Yes
Est exp	imate your expen	ses as of yo	our bankr	uptcy filing date unless	you are using this fopplemental <i>Schedule</i>	orm as a supe J, check th	oplement in a Cha e box at the top o	apter 13 case to report f the form and fill in the
the				government assistance cluded it on <i>Schedule I</i> :			Your exp	enses
4.	The rental or ho payments and ar			ses for your residence or lot.	Include first mortgag	e 4. \$		1,850.00
	If not included i	n line 4:						
	4a. Real estate	e taxes				4a. \$		0.00
			s, or renter	's insurance		4b. \$		0.00
			•	upkeep expenses		4c. \$		100.00
5				dominium dues	omo oquity loons	4d. \$ 5. \$		0.00
5.	Auditional mort	yaye payme	ints for yo	our residence , such as h	iorne equity loans	5. \$		0.00

Phillip Bret Campbell	Case number (if known)	25-11685
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	270.00
6b. Water, sewer, garbage collection	6b. \$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	360.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	1,150.00
Childcare and children's education costs	8. \$	750.00
Clothing, laundry, and dry cleaning	9. \$	188.00
Personal care products and services	10. \$	94.00
Medical and dental expenses	11. \$	240.00
Transportation. Include gas, maintenance, bus or train fare.	12. \$	520.00
Do not include car payments.	13. \$	
Entertainment, clubs, recreation, newspapers, magazines, and books	·	100.00
Charitable contributions and religious donations	14. \$	165.00
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	200.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	380.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
Specify: IRS Payment	16. \$	1,000.00
Installment or lease payments:		.,000.00
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Baxter FCU - Yukon	17c. \$	1,251.00
17d. Other. Specify: Ally Financial	17d. \$	1,127.56
Attorney Fees	\$	100.00
Student Loans		268.00
NFS Secured Debt Payment		1,515.00
Your payments of alimony, maintenance, and support that you did not report as		1,010.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sche		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Pet Care	21. +\$	200.00
NFS Unsecured Debt Payments	+\$	440.00
VA Disability excluded under HAVEN Act	+\$	2,340.89
Misc Expenses (IRS Standards)	+\$	320.00
NFS Work Travel	+\$	722.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	15,751.45
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	15,751.45
Calculate your monthly net income.		
Salculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	40 000 72
23b. Copy your monthly expenses from line 22c above.	23a. \$ 23b\$	18,000.73
200. Copy your monthly expenses normalie 220 above.	23υ. - φ	15,751.45
23c. Subtract your monthly expenses from your monthly income.		
The result is your <i>monthly net income</i> .	23c. \$	2,249.28
	<u> </u>	
Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your		ease or decrease because of a
modification to the terms of your mortgage?		
, , ,		
■ No.		

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Fill in this information to identify your case:							
Debtor 1	Phillip Bret Camp	bell					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF MISSISSIPPI				
Case number	25-11685						
(if known)					Check if this is an		
					amended filing		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	you pay or agree to pay someone who is NOT an attorney to	help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that	er penalty of perjury, I declare that I have read the summary a they are true and correct. /s/ Phillip Bret Campbell Phillip Bret Campbell Signature of Debtor 1	and s	Chedules filed with this declaration and Signature of Debtor 2
	Date September 3, 2025		Date